Preliminary Report on the Global Youth Tobacco Survey: 2002

Prepared for World No Tobacco Day

KwaZulu-Natal

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Background

South Africa is at the forefront of tobacco control worldwide in terms of legislative interventions as well as public health research. Furthermore South Africa has played a significant role in the process of developing and adopting the Framework Convention on Tobacco Control which was adopted on the 21st of May, 2003 at the 54th World Health Assembly.

Sir Richard Peto quantifies the scale of the challenge of tobacco by stating that 'There were 100 million deaths from tobacco in the 20th century, but if current smoking patterns continue then there will be about 1,000 million this century: the annual numbers killed by tobacco will increase from about 4 million now to 10 million in 2030. Worldwide, there are almost 2 billion people who already smoke, or who will smoke when they reach adulthood, and about half of all persistent cigarette smokers are eventually killed by their habit — unless they quit. Even in middle age stopping smoking avoids most of the risk of being killed by tobacco, and stopping earlier avoids almost all of it – indeed, only if there is widespread quitting will many of the tobacco deaths of the next few decades be avoided, as reductions in uptake rates will have relatively little effect until the middle of the century. Tobacco control then, is the greatest public health challenge of the first half of the 21st century, particularly smoking cessation.

The World Health Organisation estimates that tobacco is the second most important risk factor for disease after under nutrition. It further estimates that the number of tobacco-attributable deaths in the year 2000 was 4.9 million – more than the number of AIDS-related deaths. The number of tobacco-related deaths is increasing – with most of the increase in developing countries (World Health Report, 2002).

The Framework Convention on Tobacco Control is the first international treaty in WHO's history. It aims to decrease smoking and other forms of tobacco use responsible for innumerable number of illnesses and deaths. The treaty requires governments to develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes relating to price and tax measures to reduce the demand for tobacco, protection from exposure to tobacco smoke, regulation of the contents of tobacco products, packaging and labeling of tobacco products, education, communication, training and public awareness, tobacco advertising, promotion and sponsorship, demand reduction measures concerning tobacco dependence and cessation, illicit trade in tobacco products, sale to and by minors among others.

Policy development on tobacco control in South Africa preceded the establishment of surveillance systems. Nevertheless it is necessary to have continuous monitoring and evaluation systems in place such that scientific data can be used to motivate for amendments to the policy and programmes. The Global Youth Tobacco Survey is the first tobacco surveillance systems to be established in South Africa, providing robust and coherent information on tobacco use among school going youth. The data is also internationally comparable.

South Africa was one of the first countries in the world to attempt to monitor tobacco-related mortality through inclusion since 1998 of the smoking history of the deceased on the death certificate. A 5% sample of all the deaths registered in one particular year was used to generate 13 000 certificates in order to conduct a case control study The study indicated a significantly increased relative risk of

deaths due to lung (RR=3.3), oesophageal (RR=4.1), stomach (RR=2.2), digestive diseases (RR=1.6), tuberculosis (RR=2.5) and other lung diseases (RR=1.6) among the deceased who had smoked 5 years prior to their death.

Tobacco-related disease and deaths have a lag time of a few decades. For this reason reliable surveillance is critically important in predicting disease trends of the future. This is particularly important in developing countries such as South Africa where 50% of the populace are under 18 years of age. The GYTS is therefore particularly important for both policymakers and healthcare workers in both predicting the disease burden of the future (cancer, chronic lung disease and heart disease); as well as measuring the impact of smoking prevention and cessation interventions.

The World Health Organisation and Centres for Disease Control initiative to conduct school based studies on youth smoking rates across the WHO member states, therefore presented an ideal opportunity for South Africa to collect national as well as internationally comparable data. In 1999, South Africa was one of 12 WHO member states to conduct the Global Youth Tobacco Survey[13]. It reported that 46.7% of learners had ever smoked a cigarette and that 23% of learners were current smokers (smoked cigarettes on one or more days in 30 days preceding the survey). Among the current smokers, 10.1% of learners reported smoking on 20 or more days of the past 30 days preceding the survey. Regarding the age at initiation, 18.5% of learners reported first smoking a cigarette before the age of 10.

In 1999, 29.7% of learners reported being offered a free cigarette from a tobacco representative, 40.2% of learners reported seeing advertisements in magazines and papers, and 41.2% of never smokers, followed by 81.8% of current smokers had someone smoke in a place other than their homes in their presence in the past 7 days preceding the survey. The banning of the free distribution of cigarettes, banning of tobacco advertising as well as the limiting of smoking in public places via the Tobacco Products Control Amendment Act regulations of 2001, followed the GYTS that was conducted in 1999.

The GYTS conducted in 2002 is therefore provides an opportunity to evaluate the effect of the changes in legislation upon adolescent smoking behaviour. A cross country comparison of 13-15 year old learners who participated in GYTS across 43 countries (tobacco use among youth, a cross country comparison), shows that in the African countries, South Africa reported consistently higher rates of learners who ever smoked cigarettes, currently used any tobacco products, and currently smoked cigarettes. However, South Africa reported lower rates of ever smokers who first smoked cigarettes before the age of 10. As the comparison report suggests, further investigation is needed into why smoking rates are lower in other African countries but the age at initiation among the smokers in these countries are higher. South Africa also reported consistently higher rates of learners who saw cigarette advertisements in magazines and newspapers, were offered cigarettes by a tobacco company and were exposed to smoke from others in public places.

South Africa was one of four WHO member states to repeat the Global Youth Tobacco Survey in 2002.

Introduction

Even though research evidence supported the promulgation of the Tobacco Products Control Amendment Act of 1999 and its regulations, South Africa provides a unique case where legislation has largely preceded research and tobacco control interventions.

The act of 1999:

- prohibits direct advertising and promotion of tobacco products as well as prohibits advertising and promotion of tobacco products through sponsored events
- prohibits the free distribution of tobacco products
- limits tobacco use in public places including the work place
- prescribes the maximum yield of tar and nicotine in tobacco products

Before 1999, South Africa did not have nationally representative data on youth tobacco consumption.

- GYTS is a WHO and CDC initiative
- SA was one of 13 countries who conducted GYTS in 1999
- SA is one of 4 countries who has repeated GYTS in 2002
- Currently 150 countries of the 192 WHO member state are in various stages of GYTS
- The GYTS has provided a robust surveillance tool to monitor trends in tobacco use among school going adolescents.
- It has provided scientific evidence for the need for tobacco prevention and cessation interventions among adolescents.
- This is resulted in a successful NIH funded grant to test two tobacco-use prevention and cessation interventions in schools in Western Cape and KwaZulu-Natal.
- The fact that GYTS was conducted in 1999 and then repeated in 2002 places the study in a unique position to inadvertently evaluate the impact of the Tobacco legislation that was promulgated in 1999 and implemented in 2001.

Methodology

Aim

The study aims to investigate tobacco-use among adolescents with a view to inform prevention and policy initiatives.

Objectives

- To document and monitor the prevalence of tobacco-use including: cigarette smoking, and current use of smokeless tobacco, cigars or pipes.
- To obtain an improved understanding of and to assess learners' attitudes, knowledge and behaviours related to tobacco-use and its health impact, including: cessation, environmental tobacco smoke (ETS), media and advertising, minors access, and school curriculum.
- To provide provincially, nationally and internationally comparable data
- To inform intervention development
- To inform health policy development

Collaboration

The study was conducted by the National Health Promotion Research and Development Group, Medical Research Council of South Africa in collaboration with the National Departments of Health and Education. Letters of support for the project were obtained from the Director General's of Health and Education. In order to decrease the cost associated with survey administration, it was decided to approach health and education staff to assist with this process. In this regard, meetings were conducted as well as letters sent to the National Lifeskills Co-ordinators from the Department of Education, Nutrition Directorate, Maternal and Child Health Unit, and Health Promotion Directorate requesting anthropometric equipment and their assistance with survey administration.

Ethics

Ethical Approval for the study was obtained from the South African Medical Association. Active informed consent to conduct the study was obtained from the National Department of Education, school principals, parents and learners. In addition, verbal consent was also obtained from learners on the day of study. Learners' anonymity was guaranteed by asking them not to write their names on the answer sheet. In order to increase the confidentiality of the learners, trained fieldworkers conducted survey administration. Teachers were asked to leave the classroom during data collection. Learners were not allowed to communicate with each other during completion of the survey nor were they allowed to look at the answer sheet of their peers.

Sampling

The sample of grade 8-11 learners was selected in collaboration with the Centres for Disease Control (CDC). School enrolment numbers for grades 8-11 was obtained from the School Information Services Directorate, Department of Education and sent to the CDC for sample selection. Separate samples were drawn for each of the nine provinces to ensure provincially, as well as nationally representative data. It must be noted that the sample was not stratified by grade or race.

A two-stage cluster sample design was used. At the first stage, school were selected with a probability proportional to school enrolment size i.e. schools with more grade 8-11 learners had a greater chance of being selected. Twenty-three schools were selected for each province with an 80% expected participation rate. In total, 207 schools were selected nationally.

At the second sampling stage, classes within each participating school were selected systematically with equal probability sampling (with a random start). On average, 2 classes were selected in each school to participate in GYTS, with an 80% expected participation rate of learners. All learners in the selected classes were eligible to participate in the study.

Contacting Schools
The 207 selected schools were contacted, in writing and telephonically, inviting them to participate in the study. Due to the lack of telephone and/or fax facilities in certain schools, district Education Departments as well as the South African Police Services in the nearest towns/villages were asked to assist with establishing contact with the schools.

Questionnaire Development
The WHO/CDC core and optional set of GYTS questions were used as the basis for the development of the questionnaire for South Africa. The questionnaire has been amended such that there are additions of country specific questions to the behaviour being studied, as well as to ensure that the questions are applicable to the local context. The local questions aim to add value to the core questions by exploring context specific issues. The survey instrument comprises a core set of questions as well as locally tested and therefore relevant questions. Our previous experience has enabled us to develop a methodology to ensure that the questions are cognitively appropriate, understandable, culturally sensitive and in a language of the learners choice. The questions have been formulated in English and then translated into different languages that are preferred by the learners.

For each language, young graduates, who are first language speakers from local universities , have been recruited for the translation of the questionnaires. The questionnaire was translated from English into all other official languages. The translated version was back translated into English by a second translator. For each language, a discussion session was held between the team of translators and the project investigators. A third person, who was also a first language speaker, checked the translation. This process was also used to translate the consent forms, and the script that was read out by survey administrators in the classroom.

Pilot Study
A pilot study, to obtain face and construct validity as well as to test the procedure set up for data collection, was conducted with Grade 8 learners in each of the 11 official languages in May 2002. The pilot study was conducted in five provinces viz. the Western Cape, KwaZulu-Natal, Gauteng, Limpopo Province and Mpumalanga. Survey administrators were recruited in each province. Training workshops were held in Limpopo Province, Gauteng and in the Western Cape.

The questionnaire and answer sheets were adapted and refined according to the findings of the pilot study. The 10 translated versions of the questionnaire were also adapted accordingly

Compilation of consent forms and questionnaires

Research assistants were employed to compile the consent forms, questionnaires and answer sheets. The consent forms were compiled, packaged and couriered to each of the 191 selected schools. Schools were telephoned to confirm receipt of the consent forms. A letter was sent to the school principal confirming the classes that were selected for each study and requesting that the parent and learner consent forms be distributed to the learners in the selected classes. The principals were also requested to collect the completed consent forms and hand them to the survey administrators on the day that the fieldwork was to be conducted.

Training of Survey Administrators

Provincial co-ordinators for Health Promotion, Lifeskills Co-ordinators, School Nurses and Nutritionists were contacted, requesting assistance with survey administration. A list of health and education staff who could assist with fieldwork at the district level in the selected schools was requested. Environmental Health Officers, School Psychologists, Department of Social Development Staff, retired teachers, retired nurses, university nutrition students, youth commission affiliates as well as community members were also invited to be part of the survey administrator teams. A total of 18 training workshops were conducted across the country (see Table 1)

Table 1: Number of training workshops conducted for YRBS and GYTS in each of the nine provinces

Province	**No. of workshops**
Western Cape	3 workshops
Eastern Cape	3 workshops
North West	2 workshops
Limpopo	2 workshops
Mpumalanga	2 workshops
Free State	2 workshops
Gauteng	2 workshops
Northern Cape	1 workshop
KwaZulu-Natal	1 workshop
Total	**18 workshops**

At the training workshops, a person was allocated to serve as a survey administrator GYTS. In total, 306 survey administrators were trained and 176 survey administrators participated in GYTS (see Appendix 1).

Data Collection

Following the training workshops, survey administrators were assigned to each participating school. Fieldwork extended over the period August to October 2002. Survey administrators were provided with a "script" to read out in the classroom in order to standardise the procedures adopted in all of the selected schools. Learners were required to complete a self-administered questionnaire in the language of their preference. Extensive telephonic support was provided to survey administrators spread across the country during fieldwork. A courier service was sent to the team leaders to collect completed answer sheets.

Data Capturing
In order to develop local capacity, it was decided that data capturing would be conducted in South Africa. A local company was selected to design the answer sheet and capture the data. The data was captured at the MRC offices in Cape Town by MRC staff using Opscan technology. Due to the electronic method of data capturing, an HB pencil with a white eraser was purchased for each learner. Learners were given the pencil as a token of appreciation for their participation in the study.

Data Analysis
PSI Actuarial Solutions were employed to conduct the data analysis. A weighting factor was applied to each learner record to adjust for non-response and for the varying probabilities of selection. Epi Info, a software package for statistical analysis of correlated data, was used to compute prevalence rates and 95% confidence intervals for the estimates. Differences between prevalence estimates were considered statistically significant if the 95% confidence intervals did not overlap.

Selected Results

National Highlights

1999
- 123 of the 160 selected schools participated (76.9%)
- 6045 of the 7074 selected learners participated (85.5%)

2002
- 191 of the 206 selected schools participated (92.7%)
- 8935 of the 13114 selected learners participated (68.1%)

KwaZulu Natal :

Selected results compared to national data

Table 2: Demographic description of the national sample

SOUTH AFRICA		2002	
		n	%
NATIONAL	**No. of learners**	8935	68.1
GENDER	**Male**	4074	47.1
	Female	4781	52.8
GRADE	**8**	3004	37.2
	9	3694	32.7
	10	2237	30.0
AGE	**≤ 12 years**	124	1.8
	13	651	8.44
	14	1669	17.8
	15	2005	21.4
	16	1832	21.6
	≥17	2599	28.8
'RACE'	**Black/African**	5873	69.0
	Coloured	1303	8.7
	Indian	81	2.1
	White	931	12.4
	Other	34	0.2
	I don't know	637	7.3

SELECTED RESULTS

COMPARISON OF THE GLOBAL YOUTH TOBACCO SURVEY:

1999 vs 2002

TABLE 3: PREVALENCE

	GYTS 1999	**GYTS 2002**
Ever smoked cigarettes[1]	46.7 41.8 - 51.6[a]	37.6* 34.4 - 40.8
Current use cigarettes[2]	23.0 19.0 - 27.0	18.5 16.7 - 20.3
First smoked cigarettes before 10yrs[3]	18.5 16.6 - 20.4	16.2 13.6 - 18.8
Frequent smokers[4]	10.1 7.3 - 12.9	5.8* 4.8 - 6.8
Tobacco products (other than cigarettes)[5]	18.2 15.1 - 21.3	14.5 13.2 - 15.8

1. Even one or two puffs
2. Smoked cigarettes on one or more of the 30 days preceding the survey
3. Among ever smokers

4. Smoked cigarettes on 20 or more days of the past 30 days
5. Used non-cigarette tobacco products on one or more of the 30 days preceding the survey

a. 95% confidence interval
b. n < 35 suppressed
* statistical significant difference

TABLE 3: ACCESS TO CIGARETTES FOR CURRENT SMOKERS		
	GYTS 1999	**GYTS 2002**
Bought but not refused because of age	69.4 62.4 - 76.3	66.1 59.1 - 73.2
Offered free cigarettes from tobacco rep.	29.7 25.8 – 33.6	22.0* 18.6 – 25.4

TABLE 4: CESSATION AND ADDICTION		
	GYTS 1999	**GYTS 2002**
Current smokers who want to stop smoking[2]	73.9 67.4 - 80.4	72.6 69.1 - 76.1
Current smokers who tried to quit in the past year[2]	76.6 72.4 - 80.8	74.4 71.4 - 77.4

TABLE 5: MEDIA, ADVERTISING AND MARKETING		
	GYTS 1999	**GYTS 2002**
Seen tobacco ads in magazines and papers	77.9 75.4 – 80.4	69.5* 67.0 – 72.0
Current smokers who have seen tobacco ads on billboards	85.0 82.5 – 87.5	78.0* 75.1 – 80.9
Seen anti-smoking messages in media the Past 30 days	79.7 77.6 – 81.8	75.4* 73.8 – 77.0
Current smokers own something with a Cigarette logo on it	23.1 16.8 – 29.4	23.5 20.2 – 26.8
Never smokers own something with a cigarette Logo on it	13.5 10.4 – 16.6	16.2 14.2 – 18.2
Never smokers in favour of a ban in public Places	49.9 41.8 – 58.0	57.3 53.2 – 61.4
Current smokers in favour of a ban in public Places	50.6 46.5 – 54.7	54.5 50.5 – 58.5

TABLE 6: ENVIRONMENTAL TOBACCO SMOKE (ETS)		
	GYTS 1999	**GYTS 2002**
Never smokers think ETS is harmful	52.3 45.8 – 58.8	50.9 45.9 – 55.9
Current smokers think ETS is harmful	42.0 38.0 – 46.0	42.8 39.1 – 46.5
Never smokers who had someone smoke in their homes in their Presence in the past 7 days	32.1 30.0 – 34.2	26.2* 23.6 – 28.8
Current smokers who had someone smoke in their homes in their Presence in the past 7 days	73.7 66.7 – 80.7	62.0 57.1 – 66.9
Never smokers who had someone smoke in a place other than their homes in their presence in the past 7 days	41.2 37.7 - 44.7	32.4* 30.0 - 34.8
Current smokers who had someone smoke in a place other than their homes in their presence in the past 7 days	81.8 78.6 - 85.0	77.6 74.0 - 81.2

TABLE 7: SCHOOL CURRICULUM		
	GYTS 1999	**GYTS 2002**
Taught in class about dangers of smoking	40.8 37.7 – 43.9	42.5 39.6 – 45.4
Discussed in class why young people smoke	31.4 28.7 – 34.1	30.1 28.5 – 31.7
Taught in class about the effects of smoking	44.5 41.4 – 47.6	43.4 41.1 – 45.7

Conclusions:

There is a significant decrease in the prevalence of ever smoking and frequent smoking among learners in Grades 8-10.

A large drop in the prevalence of current smoking, first smoking before the age of 10 years and of the use of tobacco products other than cigarettes has also been observed.

The number of current and never smokers expressing support for banning smoking in public places has increased since 1999.

Underage sales of cigarettes have decreased over the past 3 years and learners are still acquiring free cigarettes from tobacco representatives.

Current smokers continue to express a need to stop smoking but the quit attempts have decreased marginally across the two surveys.

Tobacco messages are still being received by learners through the media.

Fewer anti-smoking media messages have been seen across the two surveys.

Young people continue to have items with cigarette logos on them.

Even though there has been a decrease in exposure by learners to ETS, the percentage of learners who think that ETS is harmful remains low.

The inclusion of smoking within the school curriculum remains low.

Recommendations:

The process of monitoring tobacco-use in schools should be continued.

There is a need to consider the development of cessation programmes for youth.

There needs to be a sustained campaign of anti-tobacco messages in the mass media environment.

Enforcement of the ban of underage sales as well as the ban on tobacco marketing e.g. logos on items, should occur.

Continued enforcement of bans in public places should occur.

Tobacco-use prevention programmes should be developed and included in the school curriculum.

ACHIEVEMENTS

Significant decrease in the number of learners who try to smoke and who smoke frequently.

Significant decrease in the prevalence of current smoking and use of tobacco products other than cigarettes.

Decrease of tobacco advertisements in papers and magazines.

Decrease in exposure to cigarette smoke pollution among never smokers.

Increase in support for banning smoking in public places among current smokers.

LESSONS LEARNT

Tobacco advertising has diminished but is continuing despite the legislation.

Anti-smoking messages, in all media, needs to be stepped up.

Underage sales of cigarettes have increased over the past 3 years.

Free cigarettes: Students are still receiving free cigarettes from tobacco representatives.

Cigarette logos: Young people continue to receive items with cigarettes logos on them.

Cigarette smoke pollution: Students remain unaware about the harmful effects of cigarette smoke pollution.

Smokers wanting to stop: The percentage of current smokers expressing a need to stop smoking remains high.

Tobacco-use Prevention and Cessation needs to be included in the school curriculum.

CHALLENGES

Addiction: Nicotine addiction : 75% of current smokers tried unsuccessfully to quit

Cessation Programmes: There is a need to develop cessation programmes for youth and adult

Underage Sales: Enforcement of the ban on underage sales

Tobacco Marketing: Enforcement of the ban on tobacco marketing

Public Places: Enforcement of bans in public places

Anti-tobacco messages: A sustained campaign of anti-tobacco messages in the mass media environment

School Curriculum: Tobacco-use prevention programmes to be included in the school curriculum

Monitoring Tobacco-use in Schools: Repetition of GYTS every 3 years

Appendix 1: Survey Administrators who were trained and who participated in survey administration for the Global Youth Tobacco Survey (GYTS)

Provinces	Health Promotion		Mother & Child		School nurse		Nutrition		Welfare		Life skills		Community members/ Other*		Total per province	
	T	P	T	P	T	P	T	P	T	P	T	P	T	P	T	P
Eastern Cape	9	7	3	3	-	-	2	2	6	2	12	6	-	-	32	20
Free State	16	13	-	-	-	-	-	-	-	-	5	4	31	-	52	17
Gauteng	8	6	-	-	2	2	-	-	-	-	3	2	9	5	22	15
KwaZulu Natal	5	4	-	-	-	-	-	-	-	-	19	13	12	1	36	18
Limpopo	4	4	-	-	-	-	-	-	-	-	11	10	25	10	40	24
Mpumalanga	2	2	-	-	-	-	1	1	-	-	19	15	9	-	31	18
Northern Cape	-	-	-	-	-	-	-	-	1	1	2	1	32	24	35	26
North West	8	8	-	-	1	1	-	-	-	-	3	3	33	14	45	26
Western Cape	9	9	-	-	-	-	-	-	-	-	3	2	1	1	13	12
TOTAL	**61**	**53**	**3**	**3**	**3**	**3**	**3**	**3**	**7**	**3**	**77**	**56**	**152**	**55**	**306**	**176**

T : Trained

P : Participated

*** Community Liaison Officer**

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SELECTED RESULTS: KWA-ZULU NATAL
Table 1: Demographic description of the Kwa-Zulu Natal sample

SOUTH AFRICA		**2002**	
		N	**%**
NATIONAL	**No. of learners**	881	66.5
GENDER	**Male**	375	47.4
	Female	492	52.6
GRADE	**8**	171	38.5
	9	578	32.7
	10	132	28.8
AGE	**≤ 12 years**	20	2.8
	13	53	11.1
	14	125	13.6
	15	196	21.6
	16	209	20.1
	≥17	269	29.9
'RACE'	**Black/African**	722	77.8
	Coloured	29	3.2
	Indian	25	7.0
	White	33	3.9
	Other	1	0.1
	I don't know	60	8.0

Conclusions:

There has been a decrease in the prevalence of ever smoking and frequent smoking among the learners.

A large drop in the percentage of current smoking, first smoking before the age of 10 years and the use of other tobacco products other than cigarettes has been observed.

The number of current smokers expressing support for banning smoking in public places has increased from 1999.

A large percentage of current smokers are still acquiring free cigarettes from tobacco representatives.

Tobacco messages are still being received by learners through media.

Fewer anti-smoking media messages has been seen in 2002 compared to 1999.

A large percentage of current smokers have expressed a need to stop smoking however the quit attempts have decreased over the past 3 years.

There has been an increase in the prevalence of current and never smokers who own items with cigarette logos on them.

Even though there has been a decrease in exposure by learners to ETS, the percentage of learners who think that ETS is harmful remains low.

Recommendations:

The process of monitoring tobacco-use in schools should be continued.

There is a need to consider the development of cessation programmes for youth.

There needs to be a sustained campaign of anti-tobacco messages in the mass media environment.

Enforcement of the ban of underage sales as well as the ban on tobacco marketing e.g. logos on items, should occur.

Continued enforcement of bans in public places should occur.

Tobacco-use prevention programmes should be developed and included in the school curriculum.

GLOBAL YOUTH TOBACCO SURVEY

2002

COMPARISON

OF

NATIONAL vs KWA-ZULU NATAL

Table 1: Demographic description of the National vs. Kwa-Zulu Natal sample

		NATIONAL 2002		KWA-ZULU NATAL 2002	
		N	%	N	%
	No. of learners	8935	68.1	881	66.5
GENDER	**Male**	4074	47.1	375	47.4
	Female	4781	52.8	492	52.6
GRADE	**8**	3004	37.2	171	38.5
	9	3694	32.7	578	32.7
	10	2237	30.0	132	28.8
AGE	**≤ 12 years**	124	1.8	20	2.8
	13	651	8.44	53	11.1
	14	1669	17.8	125	13.6
	15	2005	21.4	196	21.6
	16	1832	21.6	209	20.1
	≥17	2599	28.8	269	29.9
'RACE'	**Black/African**	5873	69.0	722	77.8
	Coloured	1303	8.7	29	3.2
	Indian	81	2.1	25	7.0
	White	931	12.4	33	3.9
	Other	34	0.2	1	0.1
	I don't know	637	7.3	60	8.0

NATIONAL vs KWA-ZULU NATAL

TABLE 2: PREVALENCE

	NATIONAL	KWA-ZULU NATAL
	2002	2002
Ever smoked cigarettes[1]	37.6	30.0
	34.4 – 40.8	23.2 – 36.8
Current use cigarettes[2]	18.5	13.9
	16.7 – 20.3	9.2 – 18.6
First smoked cigarettes before 10yrs[3]	16.2	23.8
	13.6 – 18.8	14.4 – 33.2
Frequent smokers[4]	5.8	5.0
	4.8 – 6.8	1.3 – 8.7
Tobacco products (other than cigarettes)[5]	14.5	16.6
	13.2 – 15.8	15.0 – 18.2

TABLE 3: ACCESS TO CIGARETTES FOR CURRENT SMOKERS

	NATIONAL	KWA-ZULU NATAL
	2002	2002
Bought but not refused because of age	b	66.1
		59.1 – 73.2
Offered free cigarettes from tobacco rep.	22.0	33.7
	18.6 – 25.4	18.6 – 48.8

TABLE 4: CESSATION AND ADDICTION		
	NATIONAL	**KWA-ZULU NATAL**
	2002	**2002**
Current smokers who want to stop smoking[2]	72.6	70.5
	69.1 – 76.1	57.6 – 83.4
Current smokers who tried to quit	74.4	77.7
in the past year[2]	71.4 – 77.4	66.8 – 88.6

TABLE 5: MEDIA, ADVERTISING AND MARKETING		
	NATIONAL	**KWA-ZULU NATAL**
	2002	**2002**
Seen tobacco ads in magazines and papers	69.5 67.0 – 72.0	66.1 58.9 – 73.3
Current smokers who have seen tobacco ads on billboards	78.0 75.1 – 80.9	77.2 63.9 – 90.5
Seen anti-smoking messages in media the	75.4	75.1
past 30 days	73.8 – 77.0	70.1 – 80.1
Current smokers own something with a	23.5	34.5
cigarette logo on it	20.2 – 26.8	21.4 – 47.6
Never smokers own something with a cigarette	16.2	20.0
logo on it	14.2 – 18.2	15.7 – 24.3
Never smokers in favour of a ban in public	57.3	53.7
Places	53.2 – 61.4	44.1 – 63.3
Current smokers in favour of a ban in public	54.5	64.0
Places	50.5 – 58.5	45.6 – 82.4

TABLE 6: ENVIRONMENTAL TOBACCO SMOKE (ETS)		
	NATIONAL	**KWA-ZULU NATAL**
	2002	**2002**
Never smokers think ETS is harmful	50.9	50.0
	45.9 – 55.9	34.5 – 65.5
Current smokers think ETS is harmful	42.8	35.1
	39.1 – 46.5	19.8 – 50.4
Never smokers who had someone smoke	26.2	22.1
in their homes in their	23.6 – 28.8	17.1 – 27.1
Presence in the past 7 days		
Current smokers who had someone smoke	62.0	53.7
in their homes in their	57.1 – 66.9	34.6 – 72.8
Presence in the past 7 days		
Never smokers who had someone smoke in a	32.4	26.8
Place other than their homes in their presence	30.0 – 34.8	21.4 – 32.2
in the past 7 days		
Current smokers who had someone smoke		
in a place other than their homes in their	77.6	81.0
Presence in the past 7 days	74.0 – 81.2	71.0 – 91.0

TABLE 7: SCHOOL CURRICULUM		
	NATIONAL	**KWA-ZULU NATAL**
	2002	**2002**
Taught in class about dangers of smoking	42.5	43.8
	39.6 – 45.4	37.4 – 50.2
Discussed in class why young people smoke	30.1	28.2
	28.5 – 31.7	25.1 – 31.3
Taught in class about the effects of smoking	43.4	41.1
	41.1 – 45.7	37.6 – 44.6

Conclusion:

Kwa-Zulu Natal demonstrated a lower prevalence for tobacco-using behaviours (ever smoked cigarettes, current use of cigarettes, first smoked cigarettes before the age of 10 years, current frequent smokers, current use of other tobacco products other than cigarettes) compared to the national average. But more attention needs to be directed toward those who first smoked cigarettes before the age of 10 years and current use of other tobacco products other than cigarettes.

A higher percentage of current smokers were offered free cigarettes from tobacco representatives compared to the national prevalence.

Kwa-Zulu Natal displayed a larger percentage of current smokers who tried to quit in the past year compared to the national average.

Tobacco messages are still being received by learners to a great extent in Kwa-Zulu Natal and the national prevalence.

A higher percentage of never and current smokers own items with cigarettes logos on them compared to national average.

There was more support expressed by current smokers in Kwa-Zulu Natal for banning smoking in public places compared to the national average.

Compared to the national average, Kwa-Zulu Natal displayed a lower percentage of learners who were exposed to ETS but a higher percentage of learners who think that ETS is harmful.

Learners in Kwa-Zulu Natal received the same percentage of lessons as learners nationally.

Recommendations

The process of monitoring tobacco-use in schools should be continued.

There is a need to consider the development of cessation programmes for youth.

There needs to be a sustained campaign of anti-tobacco messages in the mass media environment.

Enforcement of the ban of underage sales as well as the ban on tobacco marketing e.g. logos on items, should occur.

Continued enforcement of bans in public places should occur.

Tobacco-use prevention programmes should be developed and included in the school curriculum.